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Bib Data Sheet

CONFIRMATION NO. 7978

SERIAL NUMBER 10/779,304	FILING DATE 02/13/2004 RULE	CLASS 435	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. CIP2411A-SHH
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APPLICANTS

Sheng-He Huang, Arcadia, CA;

** CONTINUING DATA *****

This application is a CIP of 10/123,965 04/16/2002
 which claims benefit of 60/284,762 04/18/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 09/21/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 4
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Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials *[Initials]*

ADDRESS
 30265
 RAYMOND Y. CHAN
 108 N. YNEZ AVE., SUITE 128
 MONTEREY PARK , CA
 91754

TITLE
 Probiotic therapy of neonatal meningitis and method of using E. coli virulence determinatns

FILING FEE RECEIVED 428	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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